

Mississippi Electronic Courts
Nineteenth Circuit Court District (George Circuit Court)
CIVIL DOCKET FOR CASE #: 20CI1:24-cv-00090-KJ

Aaron Vaughn Baker v. George County, Mississippi, George County Sheriff Keith Havard in his Official Capacity and Individual Capacity, Terry Rogers, Warden of George-Greene County Correctional Facility, in his Official Capacity and Individual Capacity and John Does 1-10
Assigned to: Kathy King Jackson

Date Filed: 04/05/2024
Current Days Pending: 46
Total Case Age: 46
Jury Demand: None
Nature of Suit: Other Torts (175)

Upcoming Settings:

None Found

Plaintiff

Aaron Vaughn Baker

represented by **Michael W Crosby**
Michael W. Crosby, Attorney
2111 25TH AVENUE
GULFPORT, MS 39501
228-865-0313
Fax: 228-865-0337
Email: michaelwcrosby@bellsouth.net
ATTORNEY TO BE NOTICED

V.

Defendant

George County, Mississippi

Defendant

**George County Sheriff Keith Havard in
his official Capacity and Individual
Capacity**

Defendant

**Terry Rogers, Warden of George-Greene
County Correctional Facility, in his
Official Capacity and Individual Capacity**

Defendant

John and Jane Does 1-10

Date Filed	#	Docket Text
04/05/2024	1	Receipt and Civil Cover Sheet (Davis, Kim) (Entered: 04/05/2024)
04/05/2024	2	COMPLAINT against George County Sheriff Keith Havard in his official Capacity and Individual Capacity, George County, Mississippi, John and Jane Does 1-10, Terry Rogers,

		Warden of George-Greene County Correctional Facility, in his Official Capacity and Individual Capacity, filed by Aaron Vaughn Baker. (Davis, Kim) (Entered: 04/05/2024)
04/05/2024	<u>3</u>	SUMMONS Issued to George County, Mississippi by service upon Cammie Byrd, Warden Terry Rogers, Sheriff Keith Havard. (Davis, Kim) (Entered: 04/05/2024)
04/26/2024	<u>4</u>	SUMMONS Returned Executed by Aaron Vaughn Baker. Re: ** <u>3</u> SUMMONS Issued to George County, Mississippi by service upon Cammie Byrd, Warden Terry Rogers, Sheriff Keith Havard. (Davis, Kim)** Terry Rogers, Warden of George-Greene County Correctional Facility, in his Official Capacity and Individual Capacity served on 4/12/2024, answer due 5/12/2024. Service type: Personal (Crosby, Michael) (Entered: 04/26/2024)
04/26/2024	<u>5</u>	SUMMONS Returned Executed by Aaron Vaughn Baker. Re: ** <u>3</u> SUMMONS Issued to George County, Mississippi by service upon Cammie Byrd, Warden Terry Rogers, Sheriff Keith Havard. (Davis, Kim)** George County, Mississippi served on 4/12/2024, answer due 5/12/2024. Service type: Personal (Crosby, Michael) (Entered: 04/26/2024)
05/01/2024	<u>6</u>	SUMMONS Returned Executed by Aaron Vaughn Baker. Re: ** <u>3</u> SUMMONS Issued to George County, Mississippi by service upon Cammie Byrd, Warden Terry Rogers, Sheriff Keith Havard. (Davis, Kim)** George County Sheriff Keith Havard in his official Capacity and Individual Capacity served on 4/12/2024, answer due 5/12/2024. Service type: Personal (Crosby, Michael) (Entered: 05/01/2024)

MEC Service Center			
Transaction Receipt			
05/21/2024 09:27:39			
You will be charged \$0.20 per page to view or print documents.			
MEC Login:	sl0205	Client Code:	
Description:	Docket Report	Search Criteria:	20CI1:24-cv-00090-KJ
Billable Pages:	1	Cost:	0.20

Case: 20CI1:24-cv-00090-KJ Document #: 1 Filed: 04/05/2024 Page 1 of 7
 FEE BILL, CIVIL CASES, CIRCUIT COURT

State of Mississippi
 George County

BAKER VS GEORGE COUNTY

Case #	Acct #	Paid By CHECK 3741	Rct# 27131
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CV-CLERK FEE	85.00
CV-JURY TAX	3.00
CV-SUMMONS ISSUED FEE	2.00
CV-COURT REPORTER	10.00
CV-LAW LIB	2.50
CV-SCEF	2.00
CV-COURT CONSTITUENTS	.50
CV-LEGAL ASSISTANCE	5.00
CV-ELECTRONIC FILING	10.00
CV-JUDICIAL SYS OPERATION FUND	40.00

Total \$ 160.00

Payment received from MICHAEL W CROSBY

Transaction 32664 Received 4/ 5/2024 at 14:34 Drawer 1 I.D. KDD

Current Balance Due	\$0.00	Receipt Amount \$ 160.00
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By CW D.C. Chad Welford, Circuit Clerk

Case #	Acct #	Paid By CHECK 3741	Rct# 27131
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Case 2021-24-cv-00090-KJ Document # 1 Filed: 04/05/2024 Page 2 of 7

COVER SHEET		Court Identification Docket #	Case Year	Docket Number			
Civil Case Filing Form <i>(To be completed by Attorney/Party Prior to Filing of Pleading)</i>		<input type="text" value="19"/> <input type="text" value="1"/> <input type="text" value="CI"/> County # Judicial District Court ID (CH, CI, CO) <input type="text" value="040524"/> <input type="text" value="2024"/>	2024 Month Date Year	<input type="text" value="90"/> <input type="text" value=" "/> <input type="text" value=" "/> Local Docket ID			
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2020)	Case Number if filed prior to 1/1/94				
In the <u>CIRCUIT</u>		Court of <u>GEORGE</u>	County —	Judicial District			
Origin of Suit (Place an "X" in one box only)		<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Appeal					
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form							
Individual		<u>Baker</u>	<u>Aaron</u>	<u>Vaughn</u>			
		Last Name	First Name	Maiden Name, if applicable			
		<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____ <input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____					
Business		<input type="checkbox"/> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated <input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____					
Address of Plaintiff		_____ <u>Michael W. Crosby, 2111 25th Avenue, Gulfport, MS 39501</u>					
Attorney (Name & Address)		<u>Michael W. Crosby, 2111 25th Avenue, Gulfport, MS 39501</u>					
		MS Bar No. <u>07888</u>					
		<input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney <input type="checkbox"/> Signature of Individual Filing: <u>1522</u>					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form							
Individual		<u>George County, MS</u>	Last Name	First Name			
		<input type="checkbox"/> Maiden Name, if applicable <input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____ <input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____					
Business		<input type="checkbox"/> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated <input type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A _____					
Attorney (Name & Address) - If Known		MS Bar No. _____					
<input type="checkbox"/> Check (x) if child support is contemplated as an issue in this suit.* <small>*If checked, please submit completed Child Support Information Sheet with this Cover Sheet</small>							
Nature of Suit (Place an "X" in one box only)							
<input type="checkbox"/> Domestic Relations <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce:Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____		<input type="checkbox"/> Business/Commercial <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____		<input type="checkbox"/> Children/Minors - Non-Domestic <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____			
<input type="checkbox"/> Appeals <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____		<input type="checkbox"/> Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Joint Conservatorship & Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)		<input type="checkbox"/> Civil Rights <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____		<input type="checkbox"/> Real Property <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____	
<input type="checkbox"/> Statutes/Rules <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____		<input type="checkbox"/> Torts <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input checked="" type="checkbox"/> Other _____					

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPIJUDICIAL DISTRICT, CITY OF

Docket No. _____ - _____ Docket No. If Filed _____
 File Yr _____ Chronological No. _____ Clerk's Local ID _____ Prior to 1/1/94 _____

**PLAINTIFFS IN REFERENCED CAUSE - Page 1 of _____ Plaintiffs Pages
 IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

Plaintiff #2:

Individual: _____ (_____) Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV _____

Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Plaintiff #3:

Individual: _____ (_____) Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV _____

Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Plaintiff #4:

Individual: _____ (_____) Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV _____

Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPIJUDICIAL DISTRICT, CITY OFDocket No. _____ - _____
File Yr _____ Chronological No. _____ Clerk's Local ID _____Docket No. If Filed
Prior to 1/1/94 _____**PLAINTIFFS IN REFERENCED CAUSE - Page ___ of ___ Plaintiffs Pages
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET****Plaintiff #** _____ :**Individual:** _____ (_____) Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV _____ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____**Plaintiff #** _____ :**Individual:** _____ (_____) Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV _____ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____**Plaintiff #** _____ :**Individual:** _____ (_____) Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. _____ Jr/Sr/III/IV _____ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Case: 20CI1:24-cv-00090-KJ Document #: 1 Filed: 04/05/2024 Page 5 of 7

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPIJUDICIAL DISTRICT, CITY OF

Docket No. _____ - _____ Docket No. If Filed _____
 File Yr _____ Chronological No. _____ Clerk's Local ID _____ Prior to 1/1/94 _____

DEFENDANTS IN REFERENCED CAUSE - Page 1 of _____ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Defendant #2:

Individual: Havard Keith (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
 D/B/A _____

Business - Sheriff Keith Havard, Individually and in their offical capacity

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant #3:

Individual: Rogers Terry (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
 D/B/A _____

Business George County Correctional Facility - Terry Rogers/Warden Individually and in their offical capacity

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Defendant #4:

Individual: Does 1-10 John and Jane (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:
 D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

Case: 20CI1:24-cv-00090-KJ Document #: 1 Filed: 04/05/2024 Page 6 of 7

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPIJUDICIAL DISTRICT, CITY OFDocket No. _____ - _____
File Yr _____ Chronological No. _____ Clerk's Local ID _____Docket No. If Filed
Prior to 1/1/94 _____**DEFENDANTS IN REFERENCED CAUSE - Page ___ of ___ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET****Defendant # ____ :****Individual:** _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

 Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____**Defendant # ____ :****Individual:** _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

 Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____**Defendant # ____ :****Individual:** _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

 Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) _____ Not an Attorney(✓) _____

CHILD SUPPORT INFORMATION SHEET*Please include all information known*IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

JUDICIAL DISTRICT, CITY OF _____

Docket No. _____ - _____ Docket No. If Filed
 File Yr Chronological No. Clerk's Local ID Prior to 1/1/94 _____

Father: _____ Last _____ First _____ M/I _____ Jr/Sr etc. _____ Date of Birth _____ Social Security # _____

Address: _____ (_____) Phone # _____ Drivers License # _____

Employer Name and Address: _____ (_____) Employer Phone # _____

Mother: _____ Last _____ First _____ M/I _____ Jr/Sr etc. _____ Date of Birth _____ Social Security # _____

Address: _____ (_____) Phone # _____ Drivers License # _____

Employer Name and Address: _____ (_____) Employer Phone # _____

Child: _____ Last _____ First _____ M/I _____ Jr/Sr etc. _____ Date of Birth _____ Social Security # _____

Address: _____ (_____) Phone # _____

Child: _____ Last _____ First _____ M/I _____ Jr/Sr etc. _____ Date of Birth _____ Social Security # _____

Address: _____ (_____) Phone # _____

Child: _____ Last _____ First _____ M/I _____ Jr/Sr etc. _____ Date of Birth _____ Social Security # _____

Address: _____ (_____) Phone # _____

Child: _____ Last _____ First _____ M/I _____ Jr/Sr etc. _____ Date of Birth _____ Social Security # _____

Address: _____ (_____) Phone # _____

FOR ADDITIONAL CHILDREN, PLEASE ATTACH ADDITIONAL FORMS

MANDATED PURSUANT TO:

Federal Social Security Act Title IV-D,

§§ 454(26)(A) and 454A(e)(4);

Miss. Code Ann. §43-19-31(I)(iii) (Supp. 1999)

Information will be sent to the
ADMINISTRATIVE OFFICE OF COURTS AND
MDHS CHILD SUPPORT ENFORCEMENT DIVISION

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

AARON VAUGHN BAKER

PLAINTIFF

VS.

CIVIL ACTION NO. 24-CV-90(2)

GEORGE COUNTY, MISSISSIPPI, GEORGE COUNTY
SHERIFF KEITH HAVARD IN HIS OFFICIAL CAPACITY
AND INDIVIDUAL CAPACITY, TERRY ROGERS, WARDEN OF
GEORGE-GREENE COUNTY CORRECTIONAL FACILITY, IN HIS
OFFICIAL CAPACITY AND INDIVIDUAL CAPACITY, AND
JOHN AND JANE DOES 1-10

DEFENDANTS

COMPLAINT
Jury Trial Demanded

COMES NOW Plaintiff Aaron Vaughn Baker, by and through his counsel of record, and files this Complaint and in support thereof would show unto the Court the following, to-wit:

JURISDICTION AND VENUE

1. Subject matter jurisdiction is appropriate as claims are asserted pursuant to 42 U.S.C. § 1983 as well as the Eight and Fourteenth Amendments to the United States Constitution. The Court also has jurisdiction over the state law claims asserted.
2. Venue is proper in George County, Mississippi as substantial acts, omissions, and events giving rise to this Complaint occurred in George County, Mississippi. Additionally, Venue is proper in George County, Mississippi as Defendants George County, Mississippi and the George-Greene County Correctional Facility (“GCCF”) are located in George County, Mississippi.

PARTIES

FILED

APR 05 2024

Chad Welford, Circuit Clerk
By CHAD WELFORD D.C.

3. Defendant George County, Mississippi (herein “County”) is a political subdivision of the State of Mississippi organized and existing pursuant to the laws of the State of Mississippi. George County, by and through the George County Sheriff’s department, is charged with the oversight and supervision of the George-Greene County Correctional Facility. George County may be served with process pursuant to Mississippi law by service upon Cammie Byrd, Chancery Clerk of George County, Mississippi, 355 Cox Street, Suite A, Lucedale, MS 39452.

4. Defendant Keith Havard was at all times relevant the duly elected Sheriff of George County, Mississippi and charged with the oversight and supervision of the George-Greene County Correctional Facility. Sheriff Havard had the responsibility for providing humane care and treatment of prisoners consistent with all constitutional standards and American Correctional Association (ACA) standards. Defendant Havard is being sued in his individual capacity and official capacity. Defendant Havard may be served at 355 Cox Street, Suite B, Lucedale, MS. 30452.

5. Defendant Terry Rogers was at all times relevant the Warden of George-Greene County Correctional Facility (“GCCF”) a regional correctional facility. Defendant Rogers has the responsibility for providing humane care and treatment of prisoners consistent with all constitutional standards and American Correctional Association (ACA) standards. Defendant Rogers is being sued in his individual capacity and official capacity. Defendant Rogers may be served with process at the George-Greene County Correctional Facility located at 154 Industrial Park Road, Lucedale, Ms. 39452.

6. The identities of Defendants John and Jane Doe 1-10 are presently unknown and are

unknown persons or entities who may be liable for the claims asserted herein including agents, servants, employees, representatives, tortfeasors, co-conspirators, joint adventures and any other person and/or entity responsible for the injuries and damages described herein. Plaintiff will amend his Complaint once the identities of the unknown Defendants are learned.

FACTS

7. On or about the January 26, 2023 while a pretrial detainee incarcerated at GCCF facility in Greene County, Mississippi Plaintiff was subjected to repeated incidents of assault, battery, rape, and abuse at the hands of other inmates at the facility.

8. GCCF employees failed to take any steps to discover, intervene, and prevent this assault/rape. Upon information and belief GCCF employees failed to monitor the activities of the inmates housed at GCCF. If these actions were performed, GCCF employees either ignored the assault which the Plaintiff was enduring or they condoned it. Either way, GCCF by and through its employees, were indifferent, negligent, reckless, and/or grossly negligent. Defendant GCCF had the responsibility for providing humane care and treatment of inmates including the Plaintiff consistent with all constitutional rights and American Correctional Association (“ACA”) standards.

9. Upon information and belief, GCCF was chronically understaffed. GCCF officials including Defendant Rogers failed to conduct the necessary amount of security checks or security monitoring of the inmates at the facility to prevent the type of inmate assault as occurred to the Plaintiff and to prevent foreseeable harm to the pretrial detainees such as the Plaintiff. Such actions and inactions caused or contributed to the subject assaults and Plaintiff's injuries.

GCCF has a pattern and practice of understaffing this correctional facility. The staff who were on duty were inadequately trained and/or supervised to handle the prison population which existed at GCCF including the type of inmates who was incarcerated at the facility at the time of the subject attack. Defendant Rogers and his staff's actions and inactions were negligent, grossly negligent, and/or deliberately indifferent to the safety and well-being of the Plaintiff.

SECTION 1983 CAUSES OF ACTION

10. Plaintiff incorporates all of the allegations set forth in paragraphs 1 through 10 hereinabove.

11. Pursuant to Miss. Code Ann. § 47-5-931 correctional facilities such as GCCF shall be operated and maintained in accordance with ACA standards and shall comply with all constitutional standards of the United States and the State of Mississippi.

12. Defendants had the responsibility and non-delegable duty to supervise, oversee and control the training and job performance of the staff as well as the daily operations of GCCF. Defendants had a duty to ensure that GCCF was maintained in a safe condition, suitable for human occupation and compliant with all statutory and constitutional requirements. Defendants had the duty to ensure that its employee and officials acted in compliance with the laws and Constitution of the State of Mississippi and the United States and ACA standards.

This included the duty to ensure that the conditions of inmate confinement did not deprive the inmates including the Plaintiff of their rights and did not otherwise impose what may constitute cruel and unusual punishment. By failing to intervene, prevent, and stop the assault/sexual assault/rape of the Plaintiff, Defendants breached their duty to the Plaintiff.

13. By and through Defendants' deliberate indifference to the safety of the Plaintiff and the establishment of customs, policies, and practice which created unconstitutional conditions of confinement, Defendants and the Doe Defendants 1-10 violated the clearly established constitutional rights of the Plaintiff, including but not limited to, (A) cruel and unusual punishment under the 8th and 14th amendments; (B) Plaintiff's right not to be deprived of liberty without due process of law; (C) Plaintiff's right to be safe and protected from injury while in custody; and (D) Plaintiff's right to be protected by prison officials and guards from assault/rape by other inmates.

14. The GCCF facility was maintained and operated in such a manner that the conditions of confinement resulted in a comprehensive and pervasive pattern of serious deficiencies in providing the basic human needs of the pretrial detainees/inmates housed in GCCF including the plaintiff.

15. Said conditions of confinement also included many policies, practices, and customs that deprived the inmates, including the Plaintiff, of their right to reasonable, adequate, and timely medical care. Some of the policies, customs, and practices which constituted said conditions included, but were not limited to, (A) regularly denying delaying or interfering with inmate request for medical care; (B) ignoring, delaying, or failing to promptly comply with treatment orders of the doctors and; (C) not properly providing reasonable medical care and treatment to inmates, including the Plaintiff.

16. The policies, practices, and customs set forth in the preceding paragraph as well as others that may come to light during the course of this litigation resulted in numerous repeated

and pervasive deprivation of the Plaintiff's right to reasonable, adequate, and timely medical care under both the 8th and 15th amendments at GCCF.

17. Such unwritten policies, customs, and practices included but not limited to (A) inadequate and improper training, supervision, and discipline of GCCF correctional officers/deputies; (B) inadequate and improper procedures and practices in screening, hiring, training, and supervising staff; (C) failure to properly classify inmates; (D) failing to conduct safety checks of inmates or having sufficient number of officers assigned to the facility to prevent inmate assaults/rapes by other inmates; and (E) failing to adequately staff GCCF with trained and qualified guards and allowing the prison to be understaffed.

18. As a reasonable foreseeable result of the Defendants' acts or omissions, Plaintiff suffered damages including but not limited to personal injury, emotional stress, mental anguish, pain and suffering, loss of income, and medical expenses.

19. From Defendants and Doe Defendants 1-10, jointly and severally, Plaintiff seeks recovery of all compensatory damages which he is entitled as a result of the conditions of Plaintiff's confinement and the damages he suffered therefrom. Plaintiff further seeks recovery of punitive damages from Defendants and Doe Defendants 1-10 for their conduct in callous and reckless disregard for the rights, welfare, and safety of the Plaintiff.

NEGLIGENCE/GROSS NEGLIGENCE

20. Plaintiff incorporates all allegations set forth in paragraphs 1 through 20 hereinabove.

21. At all times relevant hereto Defendants had a duty to comply with the

standards and practices of the ACA including, but not limited to, the implementation of the requirements of the Prison Rape Elimination Act, 42 USC § 15601, *et seq.* 28 CFR § 115.41 provides that all inmates are to be screened for risk of being sexually abused by other inmates. Defendants and their employees breached that duties by failing to comply with the standards and practices of the ACA, the PREA, and the CFR, that such failure was the proximate cause or contributing cause of the personal injuries sustained by the Plaintiff. This breach was so egregious as to amount to gross negligence or reckless indifference.

22. The damages sustained by the Plaintiff were the reasonably foreseeable outcome of Defendants and their employees' acts or omissions. These acts or omissions were substantial factors in bringing about the harm and damages suffered by the Plaintiff.

NEGLIGENT HIRING AND SUPERVISION

23. Plaintiff incorporates all allegations set forth in paragraphs 1 through 23 hereinabove.

24. Defendants negligently hired, supervised, and retained their employees and agents by (A) failing to properly care for and ensure the Plaintiff's health, safety, and well-being while incarcerated at GCCF; (B) properly train, supervise, discipline, retain and/or discharge its employees, agents, and/or representatives; and (C) were otherwise negligent in their care and treatment of the Plaintiff and as a direct and proximate result, the Plaintiff sustained the harm alleged herein.

RESPONDEAT SUPERIOR

25. Plaintiff incorporates all allegations set forth in paragraphs 1 through 25

hereinabove.

26. Defendants acted with negligence, gross negligence, and/or intentionally by allowing or failing to prevent the harm to the Plaintiff. At all times relevant, each Defendant owed a duty to the Plaintiff to ensure his health, safety, and well-being while in the custody of GCCF and Defendants breached this duty. The actions and/or inactions of Defendants led directly to the injuries sustained by Plaintiff. Defendants are liable for such actions which were undertaken during the course and scope of their employment.

PUNITIVE DAMAGES

27. Plaintiff incorporates all allegations set forth in paragraphs 1 through 27 hereinabove

28. Defendants and Doe Defendants 1-10 acted in complete disregard for the safety of the Plaintiff by acting in a negligent and/or grossly negligent and/or reckless indifferent manner as previously described herein. The actions of Defendants warrant assessment of punitive damages.

PRAYER FOR RELIEF

Plaintiff requests that upon a jury trial of this cause, the court will award all relief due Plaintiff as set forth herein, including but not limited to, the following relief: (A) compensatory damages; (B) punitive damage; (C) reasonable attorney fees and all costs of this court; (D) post judgment interest; and (E) such other general and specific relief as appears reasonable and just.

Respectfully submitted, this the 4th day of April, 2024.


MICHAEL W. CROSBY

MICHAEL W. CROSBY (MSB #07888)

Attorney at Law

2111 25th Avenue

Gulfport, MS 39501

Tel: (228) 865-0313

Fax: (228) 865-0337

michaelwcrosby@bellsouth.net

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

AARON VAUGHN BAKER

PLAINTIFF

VS

24-CV-90

GEORGE COUNTY, MISSISSIPPI, GEORGE COUNTY
SHERIFF KEITH HAVARD, TERRY ROGERS, WARDEN OF
GEORGE=GREEN COUNTY CORRECTIONAL FACILITY,
JOHN AND JANE DOES 1-10

DEFENDANT

SUMMONS

TO ANY LAWFUL OFFICER UNAUTHORIZED TO SERVE
PROCESS; YOU ARE HEREBY COMMANDED TO SUMMON:

GEORGE COUNTY, MISSISSIPPI
By service upon Cammie B. Byrd Chancery Clerk
355 Cox Street Suite B
Lucedale, MS 39452

NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT
AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS BY FILIN
YOUR ANSWER AS PROVIDED BY LAW AND/OR THE MISSISSIPPI RULES OF
CIVIL PROCEDURE.

You are required to mail or hand-deliver a copy of a written response to the Complaint to Michael W. Crosby, the attorney for the Plaintiff, whose address is 2111 25th Avenue Gulfport, MS 39501. Your response must be mailed or delivered within thirty (30) days from the date of delivery of this Summons and Complaint or a judgment by default will be entered against you for the money or other things demanded in the Complaint

You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under my hand and the seal of said Court, this the 5 day of April 2024.



Chad Welford
Chad Welford
Circuit Clerk

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

AARON VAUGHN BAKER

PLAINTIFF

VS

GEORGE COUNTY, MISSISSIPPI, GEORGE COUNTY
SHERIFF KEITH HAVARD, TERRY ROGERS, WARDEN OF
GEORGE=GREEN COUNTY CORRECTIONAL FACILITY,
JOHN AND JANE DOES 1-10

24-CV-90(2)
DEFENDANT

SUMMONS

TO ANY LAWFUL OFFICER UNAUTHORIZED TO SERVE
PROCESS; YOU ARE HEREBY COMMANDED TO SUMMON:

GEORGE-GREENE COUNTY CORRECTIONAL FACILITY, MISSISSIPPI
Warden Terry Rogers
154 Industrial Park Road
Lucedale, MS 39452

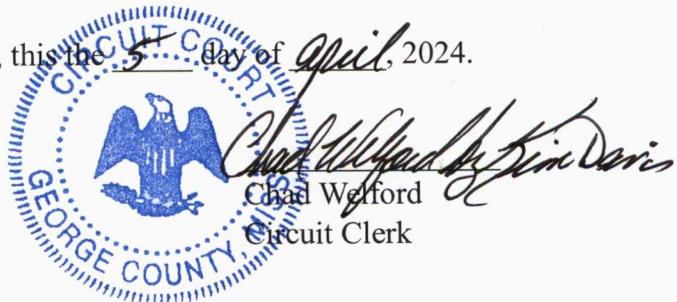
NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT
AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS BY FILIN
YOUR ANSWER AS PROVIDED BY LAW AND/OR THE M MISSISSIPPI RULES OF
CIVIL PROCEDURE.

You are required to mail or hand-deliver a copy of a written response to the Complaint to Michael W. Crosby, the attorney for the Plaintiff, whose address is 2111 25th Avenue Gulfport, MS 39501. Your response must be mailed or delivered within thirty (30) days from the date of delivery of this Summons and Complaint or a judgment by default will be entered against you for the money or other things demanded in the Complaint

You must also file the original of your response with the Clerk of this Court within a Reasonable time afterward.

Issued under my hand and the seal of said Court, this the 5 day of April, 2024.



Chad Welford
Circuit Clerk

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

AARON VAUGHN BAKER

PLAINTIFF

VS

GEORGE COUNTY, MISSISSIPPI, GEORGE COUNTY
SHERIFF KEITH HAVARD, TERRY ROGERS, WARDEN OF
GEORGE=GREEN COUNTY CORRECTIONAL FACILITY,
JOHN AND JANE DOES 1-10

DEFENDANT

24-CV-902)

SUMMONS

TO ANY LAWFUL OFFICER UNAUTHORIZED TO SERVE
PROCESS; YOU ARE HEREBY COMMANDED TO SUMMON:

Sheriff Keith Havard
355 Cox Street Suite B
Lucedale, MS 39452

NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT
AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS BY FILIN
YOUR ANSWER AS PROVIDED BY LAW AND/OR THE M MISSISSIPPI RULES OF
CIVIL PROCEDURE.

You are required to mail or hand-deliver a copy of a written response to the Complaint to Michael W. Crosby, the attorney for the Plaintiff, whose address is 2111 25th Avenue Gulfport, MS 39501. Your response must be mailed or delivered within thirty (30) days from the date of delivery of this Summons and Complaint or a judgment by default will be entered against you for the money or other things demanded in the Complaint

You must also file the original of your response with the Clerk of this Court within a Reasonable time afterward.

Issued under my hand and the seal of said Court, this the 5 day of April, 2024.



I, the undersigned process server, served the Summons and Complaint upon the person or Entity name above in the manner set forth below:

FIRST CLASS MAIL AND ACKNOWLEDGEMENT SERVICE, by mailing (by first class mail, postage prepaid), on the date stated in the attached Notice, copies to the person served, together with copies of the form of notice and acknowledgement and return envelope, postage prepaid, addressed to the sender (Attach completed acknowledgement of receipt pursuant to M.R.C.P. Form 1B).

PERSONAL SERVICE, I personally delivered copies to Jerry Rogers an agent/servant or employee of Warden GCCF, this the 12th day of April, 2024, where I found said person in George County of the State of Mississippi.

RESIDENCE SERVICE, after exercising reasonable diligence I was unable to deliver copies to said person within _____ County Mississippi, I served the Summons and Complaint on the _____ day of _____ 2023, at the usual place of abode of said person by leaving a true and correct copy of the Summons and Complaint with _____ who is the (here insert wife, husband, son, daughter or other person as the case may be), a member of the family of the person served above the age of sixteen years and willing to receive the summons and complaint, and thereafter on the _____ day of _____, 2024, I mailed (by first class mail, postage prepaid) copies to the person served at his or her usual place of abode where the copies were left.

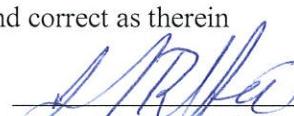
CERTIFIED MAIL SERVICE, By mailing to an address outside Mississippi (by first class Mail, postage prepaid, requiring a return receipt) copies to the person served. (Attach signed Return receipt or the return envelope marked "Refused.")

At the time of service, I was at least 18 years of age and not a party to this action.
Fee for service: _____

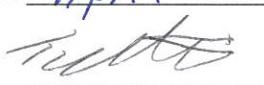
Name: Joseph Raffec
Address: 19336 Eldridge Dr
City/State/Zip: Saucier, MS 39574

STATE OF MISSISSIPPI
COUNTY OF Harrison

Personally appeared before me the undersigned authority in and for the state and county Aforesaid, the within named who being first by me duly sworn states on oath that the matters and facts set forth in the foregoing "Proof of Service" are true and correct as therein stated.


Processor Server Signature

SWORN TO and subscribed before me on this the 17th day of April 2024


NOTARY PUBLIC



Case: 20CI1:24-cv-00090-KJ Document #: 5 Filed: 04/26/2024 Page 1 of 1

I, the undersigned process server, served the Summons and Complaint upon the person or Entity name above in the manner set forth below:

FIRST CLASS MAIL AND ACKNOWLEDGEMENT SERVICE, by mailing (by first class mail, postage prepaid), on the date stated in the attached Notice, copies to the person served, together with copies of the form of notice and acknowledgement and return envelope, postage prepaid, addressed to the sender (Attach completed acknowledgement of receipt pursuant to M.R.C.P. Form 1B).

PERSONAL SERVICE, I personally delivered copies to Cammie Byrd an agent/servant or employee of Gren City Chancery Clerk, this the 12th day of April, 2024, where I found said person in Genesee County of the State of Mississippi.

RESIDENCE SERVICE, after exercising reasonable diligence I was unable to deliver copies to said person within _____ County Mississippi, I served the Summons and Complaint on the _____ day of _____ 2023, at the usual place of abode of said person by leaving a true and correct copy of the Summons and Complaint with _____ who is the (here insert wife, husband, son, daughter or other person as the case may be), a member of the family of the person served above the age of sixteen years and willing to receive the summons and complaint, and thereafter on the _____ day of _____, 2024, I mailed (by first class mail, postage prepaid) copies to the person served at his or her usual place of abode where the copies were left.

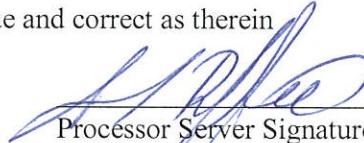
CERTIFIED MAIL SERVICE, By mailing to an address outside Mississippi (by first class Mail, postage prepaid, requiring a return receipt) copies to the person served. (Attach signed Return receipt or the return envelope marked "Refused.")

At the time of service, I was at least 18 years of age and not a party to this action.
Fee for service: _____

Name: Joseph Ray Hefford
Address: 19336 Eldridge DR
City/State/Zip: SACRAMENTO, CA 95824

STATE OF MISSISSIPPI
COUNTY OF Harrison .

Personally appeared before me the undersigned authority in and for the state and county Aforesaid, the within named who being first by me duly sworn states on oath that the matters and facts set forth in the foregoing "Proof of Service" are true and correct as therein stated.



Processor Server Signature

SWORN to and subscribed before me on this 12th day of April 2024



NOTARY PUBLIC



I, the undersigned process server, served the Summons and Complaint upon the person or Entity name above in the manner set forth below:

FIRST CLASS MAIL AND ACKNOWLEDGEMENT SERVICE, by mailing (by first class mail, postage prepaid), on the date stated in the attached Notice, copies to the person served, together with copies of the form of notice and acknowledgement and return envelope, postage prepaid, addressed to the sender (Attach completed acknowledgement of receipt pursuant to M.R.C.P. Form 1B).

PERSONAL SERVICE, I personally delivered copies to Keith Havard an agent/servant or employee of Retired Sheriff of George, this the 12 day of April, 2024, where I found said person in George County of the State of Mississippi.

RESIDENCE SERVICE, after exercising reasonable diligence I was unable to deliver copies to said person within _____ County Mississippi, I served the Summons and Complaint on the _____ day of _____ 2024, at the usual place of abode of said person by leaving a true and correct copy of the Summons and Complaint with _____ who is the (here insert wife, husband, son, daughter or other person as the case may be), a member of the family of the person served above the age of sixteen years and willing to receive the summons and complaint, and thereafter on the _____ day of _____, 2024, I mailed (by first class mail, postage prepaid) copies to the person served at his or her usual place of abode where the copies were left.

CERTIFIED MAIL SERVICE, By mailing to an address outside Mississippi (by first class Mail, postage prepaid, requiring a return receipt) copies to the person served. (Attach signed Return receipt or the return envelope marked "Refused.")

At the time of service, I was at least 18 years of age and not a party to this action.
Fee for service: 45.00

Name: Regina Hodges
Address: 385 COX Street
City/State/Zip: Lucedale MS

STATE OF MISSISSIPPI
COUNTY OF George

Personally appeared before me the undersigned authority in and for the state and county Aforesaid, the within named who being first by me duly sworn states on oath that the matters and facts set forth in the foregoing "Proof of Service" are true and correct as therein stated.

Regina Hodges
Processor Server Signature

SWORN TO and subscribed before me on this the 1ST day of May 2024.



Cammie Byrd By: [Signature]
NOTARY PUBLIC

Cammie Byrd, Chancery Clerk
George County, Mississippi
My Commission Expires: Jan 1, 2028